

CALIFORNIA
Department of Managed Care

CORPORATION INFORMATION FORM
EXHIBIT F-1-a-iii

To be used in response to Item F-1-a of Form HP **1300.51**.

1. Name of Applicant (as in Item 1-a):

Full Name – First Middle and Last Names

2. State of Incorporation:

3. Date of Incorporation:

Full Date – Month Day, Year

4. Is applicant a nonprofit corporation?

☐ Yes ☐ No

5. Is applicant exempted from taxation as a nonprofit corporation?

☐ Yes ☐ No

6. Names of principal officers, directors and shareholders: List (a) each person who is a director or principal officer or who performs similar functions or duties and (b) each person who holds of record or beneficially over 5% of the voting securities of applicant or over 5% of applicant's equity securities. If this is an amended exhibit, place an asterisk (*) before the names for whom a change in title, status or stock ownership is being reported and a double asterisk (**) before the names of persons which are added to those furnished in the most recent previous filing.

Full Name – First Middle and Last Names

Title or
Status:

Relationship Beginning
Date:

Date – Month Day, Year

Percentage

Class of Equity or
Security:

Full Name – First Middle and Last Names

Title or
Status:

Relationship Beginning
Date:

Date – Month Day, Year

Percentage

Class of Equity or
Security:

Full Name – First Middle and Last Names

Title or
Status:

Relationship Beginning
Date:

Date – Month Day, Year

Percentage

Class of Equity or
Security:

7. If this is an amended exhibit, list below the names reported in the most recent filing of this exhibit which are deleted by this amendment:

(2) Partnership Information Form.